

Registering for: <input type="checkbox"/> Old Fund Liability Tax <input type="checkbox"/> Montana State Income Tax Withholding <input type="checkbox"/> Unemployment Insurance	MONTANA EMPLOYER REGISTRATION Mail completed form to: Business Tax, Dept. of Revenue, PO Box 6339, Helena, MT 59604-6339	AGENCY USE ONLY					
Fill in all spaces as they apply to your business. Instructions are listed on the back of this sheet.		Questions? Call (406) 444-3834 Toll-free 1-800-550-1513		Employer Number		Industry Number	
		Subject Date	WH	OFLT	Date Input		
1. Business or Trade Name 2. Owner or Corporation Name 3. Mailing Address City _____ State _____ ZIP Code _____ Montana Business Location (Street Address) City _____ County _____ State _____ ZIP Code _____		Remarks					
		4. Type of Organization: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> a. Individual Ownership <input type="checkbox"/> b. Partnership <input type="checkbox"/> c. Limited Liability Partnership <input type="checkbox"/> d. Limited Liability Company </div> <div> <input type="checkbox"/> e. Corporation <input type="checkbox"/> f. Sub-Chapter S <input type="checkbox"/> g. Governmental <input type="checkbox"/> h. Non-profit <input type="checkbox"/> i. Other _____ </div> </div>					
		5. Federal Identification Number (FEIN): _____					
		6. Date Incorporated: _____					
		7. Is this <input type="checkbox"/> seasonal or <input type="checkbox"/> pension/trust ? (Mark a box if it applies to your business)					

8. IDENTIFICATION OF OWNER(S), CORPORATE OFFICERS, PARTNERS, ETC. (IF MORE THAN 3, PLEASE ATTACH A LIST)

Social Security Number	Name (Given Name Must be Shown in Full)	Title	Address (Home)

9. Name of Person Who Prepares Records and Reports	Address	Telephone No.
10. Name of Accountant	Address	Telephone No.

11. DESCRIPTION OF BUSINESS TYPE AND ACTIVITY IN MONTANA: This section MUST BE COMPLETED in detail to accurately determine your business activity for proper assignment of contribution rates. BE SPECIFIC and check all that apply. Generalities could result in assignment of a higher contribution rate.			
<input type="checkbox"/> Agriculture, Forestry, Fishing	<input type="checkbox"/> Mining	<input type="checkbox"/> Construction	<input type="checkbox"/> Wholesale Trade
<input type="checkbox"/> Transportation, Communication & Public Utilities	<input type="checkbox"/> Finance, Insurance, Real Estate	<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Services
<input type="checkbox"/> Manufacturing			

Primary Activity	Specific Product or Service	% of Gross Income	# Employees

12. Does this establishment have employment at more than one physical location in Montana? (Exclude construction and contract work if less than six months in duration.) Yes ☐ No ☐

13. Does any worksite of this establishment primarily perform management or support services for other divisions of the company? ☐ Yes ☐ No

14. Date Employment Began	15. Will your total payroll for the current calendar year equal or exceed \$1,000? <input type="checkbox"/> Yes <input type="checkbox"/> No	Year and date payroll first equaled or exceeded \$1,000 _____
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16. Supply the following information concerning wages paid by the **current owner** in Montana during the current and/or preceding year(s):

YEARS	To Date In 19____				
Wages You Paid Each Year					

17. Are you required to pay Federal Unemployment Tax (FUTA)? ☐ Yes ☐ No

COMPLETE QUESTIONS 18 - 23 ONLY IF YOU HAVE CHANGED YOUR BUSINESS ENTITY (SUCH AS PROPRIETORSHIP TO CORPORATION), OR HAVE ACQUIRED A MONTANA BUSINESS OPERATION

18. Date Changed/Acquired _____ 19. How Acquired: ☐ Entity Change ☐ Lease ☐ Other, Specify: _____
☐ Purchased All ☐ Purchased a Portion -- What did you purchase? _____

20. Name of Former Owner(s) _____ 21. Name and Address of Former Business: _____

22. Former UI Account Number _____ 23. Former FEIN _____

Signature (Owner, all Partners or one Corporate Officer)	Title	Date
Signature	Title	Date

Return original copy to the address listed at the top of the form. Retain one copy for your files.

EMPLOYER REGISTRATION INSTRUCTIONS

Question Number:

#1 through #7 - Complete for your business.

#8 - List all owners, partners or corporate officers. If necessary, attach an additional sheet. Remember to include addresses and social security numbers.

#11 - Check the industry that best describes your business. List primary activity and its specific products or services, percent of gross income and number of employees. Please be specific. New employer rates are assigned using the industry's average contribution rate. **Generalities can result in assignment of a higher rate.**

#12 - Check "YES" if you operate this business in Montana in more than one physical location (e.g., plants, stores, offices, warehouses, etc.).

#13 - Check "YES" if you primarily perform management or support services for other divisions of your parent company. Support services include administrative offices (headquarters, data processing centers, etc.), storage (warehouses), or research, development or testing.

#18 through #23 - Complete this section **only** if you:

1. Changed the business entity; i.e. from proprietorship to partnership or corporation, or from a corporation to a partnership or proprietorship;
2. acquired a business; or
3. bought or sold a portion of a business.

Signatures: All owners' or all partners' signatures are required. Only one corporate officer signature is required. An additional sheet for signatures may be attached.

For further information or assistance call 1-800-550-1513 or contact the Field Representative nearest you (listed below):

<u>FIELD REPRESENTATIVE</u>	<u>OFFICE ADDRESS</u>	<u>TELEPHONE/FAX NUMBER</u>
Billings		
Doug Peterson		(406) 247-1032
Jim Moody		(406) 247-1034
Diane Bianchi	624 N. 24th St.	(406) 247-1031
Mary Bernhardt		(406) 247-1033
		FAX: (406) 247-1039
Bozeman		
Tom Brodowy	151 Evergreen Dr. - Suite E	(406) 585-7703
Lee Johnson		(406) 522-7330
		FAX: (406) 587-9726
Butte		
John Ricker	2201 White Blvd	(406) 494-0306
		FAX: (406) 494-5481
Great Falls		
James Zadra	219 5th St. South - Suite F	(406) 791-5883
Amy Everaert		(406) 791-5871
		FAX: (406) 727-2237
Glasgow		
Kay Haugenoe	238 2nd Avenue South	(406) 228-9369
		FAX: (406) 228-8793
Kalispell		
Willa Manger	690 N. Meridian Rd. Ste 206	(406) 752-4660
		FAX: (406) 257-0687
Missoula		
Mel Stewart	1610 S 3rd St W. - Suite 105	(406) 542-5788
Scott Moothart		(406) 542-5787
Sylvia Headly		(406) 542-5784
		FAX: (406) 543-6523
Helena		
Russ Trasky	PO Box 5805	(406) 444-1935
		FAX: (406) 444-4999